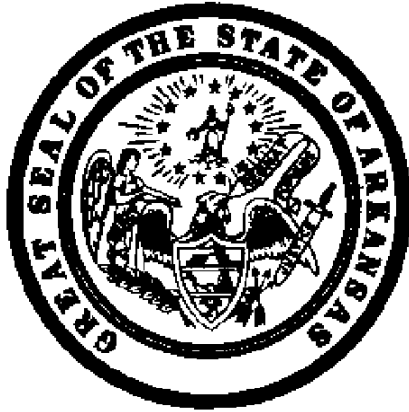


Department Of Human Services



DIVISION OF CHILDREN AND FAMILY SERVICES LEGISLATIVE ANALYSIS, RESEARCH, AND PLANNING SECTION

Focus Group Input Results

June 2002

The Division of Children and Family Services Summary of Focus Group Results

The Division of Children and Family Services (DCFS) in conjunction with the federal Administration for Children and Families (ACF) conducted a review of our services to Arkansas' children and their families. Part of this review included soliciting input from staff, providers, stakeholders, foster parents, adoptive parents and consumers about our services by conducting 58 focus group sessions located around the state. The questions were designed to request input on a number of areas (systemic factors); case review of practice and family involvement, service array and availability, community awareness and involvement, training for staff, foster and adoptive parents and other administrative functions within the agency's operation.

Sessions were conducted with consumers (parents and foster youth), foster and adoptive parents. Sessions were also conducted with stakeholders of residential facilities, school officials, local health clinics, day care, and mental health staff. We were able to schedule some of the focus groups sessions with established groups of stakeholders during their regularly scheduled meetings such as at a Therapeutic Foster Care Providers Association. Focus group sessions were held with agency field staff including assessors of child maltreatment, family service workers, health specialists, Adoption Specialists and county supervisors. We also invited staff from the Developmental Disabilities, management staff in central office and Office of Chief Council (OCC) attorneys. The total number of participants include:

Participant Type	Total attended
Consumers (Parents and youth)	105
Agency Staff	286
Foster and Adoptive Parents	105
Stakeholders /community	150
Total	646

Systemic Factor - Information System

The Children's Reporting and Information System (CHRIS) is a fully automated, worker-based, child welfare information system that identifies each foster child's status, demographic characteristics, location, and case plan goal. Questions about CHRIS were only asked of DCFS staff. Many positive comments were made as well as some suggestions for improvement. The positive comments indicated that positive changes have been made since the system began, that the system is "very easy", "field friendly," and "responsive to needs at the county level", that it is a very helpful/useful system, and that staff "love it."

Comments were also made suggesting improvements in some areas:

- Increase reports and refine some reports
- Fine tune the search capability (mentioned in four areas)
- Increase user friendliness and having more fields populate (mentioned in several areas), increasing space on screens and in text boxes, highlighting more mandatory fields, improving case navigation between screens (mentioned in nearly every area), and tailor pick lists to Arkansas (the system was transferred from Oklahoma)

Locating CHRIS trainers in the field has been helpful. The system is slow, sometimes due to older computers in some offices, the system does go down or crashed expressed infrequent occurrence and a backup has been developed. It is very problematic in our worker- based child welfare information system where the system is the case record and compliance monitoring is automated. Another general theme that emerged: the system is effective if the information is entered timely. In our child welfare system where the primary emphasis is on serving clients but the importance of maintaining accurate information is also constantly emphasized, a natural tension develops.

Conclusion

DCFS has a statewide information system that meets federal requirements. Although the information is basically reliable and current, the system still presents challenges to staff and will be in a mode of continuous improvement to meet the needs of staff.

Systemic Factor – Case Review System

Staff generally said that children have case plans with required elements. Staff from several areas acknowledged that placement of a child in close proximity to parents was not always possible due to a lack of foster homes. In one area, staff shortages sometimes resulted in not all children having case plans completed timely. Workers were not entering information timely and that CHRIS appeared to drive casework.

Staff expressed concerns that the case plan format is difficult for families and courts to understand. Central office staff and Area Managers felt the CHRIS case plan format was generic, needs not always being addressed and that the format was not child or family friendly. Challenges due to needed resources not being available for case planning.

Foster and adoptive parents had divided opinions about the existence and adequacy of case planning. Foster parents in some areas said that most children have case plans, although the format is difficult to follow and foster parents may not receive the plan timely. In other areas, foster parents thought that children have case plans that address their needs and that foster parents receive and understand them. Some thought that the quality of case planning varies among counties. As with staff, proximity of placement was seen by foster parents as an issue.

Similarly, stakeholders' opinions varied among areas about the existence and adequacy of plans. Stakeholders from most areas said that children have case plans with required elements. In some areas, a lack of resources or staff was seen as problematic and affecting the ability of workers to meet children's needs. The case plan format was also mentioned as a problem. Many of the judges were concerned with the quality of case plans, seeing them as generic and not individualized. The format and automated nature of the case plan, with its boilerplate picklists, may be part of this problem. Some of the judges said case plans are getting better, depending on the worker. The judges saw resources, and especially foster home resources, as a barrier to proximate placement.

Agency attorneys also see the case plan format as problematic; resulting in case plans that lack creativity. They also saw issues with proximate placements due to inadequate foster home resources. The Pulaski County Strategic Planning Committee thought that most children have case plans, that placement in close proximity is not always possible, that the child's needs are

addressed only superficially, and that part of the issue is the time frames involved in the process.

Young consumers differed as to their awareness of and involvement in developing case plans. In most areas, at least half of the young consumers had a copy of and/or were involved in developing their case plan.

Conclusion

Most children in foster care have case plans with all of the required elements. There are, however, issues with the case plan format, the quality of case planning, parental involvement in case planning and resources to enable workers to make placements proximate to the family. Work must be done to address these issues.

Systemic Factor - Case Review – Court Process

Field staff were asked the about effectiveness of the court process to review a foster child's status and move the child toward a permanent placement.

Staff felt that Permanency Planning Hearings are occurring and, for the most part, are very effective in promoting timely permanency. There were concerns expressed that some judges are reluctant to, or even refuse to, terminate parental rights, even when the children remain in foster care for long periods of time. This seems to be improving with increased training of judges, attorneys and DCFS staff.

Conclusion

Permanency Planning Hearings are being held and are, for the most part, effective in promoting permanency. The new tracking system that OCC developed has assisted in assuring that these hearings are held timely. DCFS and the Administrative Offices of the Court (AOC) will continue to work together on training judges about child welfare issues.

Systemic Factor – Quality Assurance - Standards

Foster parents, stakeholders, and agency staff were asked if they had copies of the Standards for Approval of Family Foster Homes and the Minimum Licensing Standards for Child Welfare Agencies, if they understood the standards, and if they felt that the standards keep children safe. Most staff had copies of or access to both Standards. Some, but not all, foster parents had copies of the Standards for Approval of Family Foster Homes. Fewer foster parents had copies of the Minimum Licensing Standards for Child Welfare Agencies.

Inconsistencies between the two sets of standards need to be reconciled. A thorough review of the standards needs to be completed to assure that standards address the quality of care. Some DCFS staff feels that the standards do not provide enough backups to close inadequate foster homes. Several foster parents suggested foster parents receive training about the standards to increase their understanding. Another suggestion was to mass mail the standards to foster parents.

Several groups expressed the belief that the Minimum Licensing Standards for Child Welfare Agencies addressed safety and were being implemented fairly. Several of the statewide focus groups said that foster homes need to be evaluated more carefully, monitored more closely to consider changing circumstances, and re-evaluated more consistently. Foster parents need to be provided more support. There were several comments that DCFS is doing better with recruitment of foster homes and enforcement of standards

Several statewide focus groups and DCFS staff felt that the standards do not adequately address the commitment that is needed to be a foster parent – that families can meet minimum standards without having that commitment which is so important to successful foster parenting. The lack of adequate, speedy background checks on foster parents was also voiced as a concern.

Conclusion

DCFS has a system of triple checks on the quality of foster homes approved and remaining open. There was concern expressed from staff and stakeholders that some foster homes, although not a health and safety risk, the homes may not provide the optimum service needed for children in foster care. Foster home recruitment systems need to be evaluated as to whether adequate numbers and types of homes to meet the needs of children in foster care are being recruited. Homes that are less than adequate should be closed.

Systemic Factor – Quality Assurance – Effectiveness Measures of the Agency

The Central Office, Area Managers and Area Staff Focus Groups were informed that the Quality Assurance system currently produces the Compliance Outcome Report (COR), Quarterly Performance Report (QPR), IFS Evaluation, Residential Contract Monitoring, and management reports. They were also informed that DCFS is developing a field-based Quality of Service Review. They were then asked, “What other quality assurance components are needed to assist in managing your programs?” Generally it was agreed that DCFS should have a system of review focusing on the quality of services offered children and families. The COR primary current method of monitoring cases is effective, but only measures compliance with processes, policies and procedures.

One group suggested that measures of compliance with court orders and qualitative assessments of case narrative content would be beneficial. Other groups pointed to the need for a process to assess quality of services and a more extensive system to monitor contracted services.

Conclusion

The current system represents some good monitoring tools, but a system should be in place to measure the quality of services. DCFS has in place an extensive system of monitoring outcomes, performance measures and compliance issues. In addition, contract monitoring processes, special evaluations and studies and qualitative reviews produce information, which is used to produce program improvements by tying information about processes to information about performance.

DCFS continues to build upon and expand its system of quality assurance by broadening the range of programs for which contract monitoring will be done, doubling the number of special studies/evaluations each year (beginning in SFY 2002) and expanding quality service reviews to a statewide basis. The Division is in the process of developing and implementing a field based review of the quality of services.

Systemic Factor - Staff Training

Input generally indicated that new worker training is practical, helpful, and properly prepares workers to assume a caseload. Area Managers note continuing improvement in the curriculum. Several comments from staff included:

- time spent in the field prior to training would be beneficial.
- more time in the office between sessions would be useful.
- more “how to’s” and “hands on” training is needed.
- staff with social work degrees suggested they be exempted from some portions of the training that’s already covered of the coursework for their degree.
- must be able to translate theory received in the training into real world skills.

Comments on supervisory training vary. Supervisors new to child welfare find basic supervisory training helpful while others think three weeks of training is too long.

In-service training for a wide variety of topics is available at the five- (5) MidSOUTH academy sites and at three (3) additional closed circuit video sites. Some workers commented that they are required to attend some mandatory sessions, not directly related to their jobs. Others commented that they are not able to attend due to workload requirements and time restraints. Training sessions on preparing individualized case plan, the Adoption and Safe Families Act (ASFA), CHRIS, and how to interview sexually abused children were mentioned as most informative.

There were requests for separate training for Health Service Workers, Independent Living Coordinators, investigators, and program coordinators. CHRIS training in the field is available through MidSOUTH. Some workers requested additional training or refresher training on CHRIS after the worker has been in the field.

Conclusion

Training is generally effective in preparing Family Service Workers with the preliminary knowledge and skills for their job responsibilities. It is a competency-based curriculum that includes both policy and skills. The training curriculum needs to be expanded to enable staff to develop their practice skills. A new model is currently being piloted that would combine shorter classroom instruction with on-the-job training and mentoring. If effective, the new model will be adopted. DCFS needs to examine supervisory training and training for specialized staff.

Systemic Factor - Provider Training

Some prospective foster parents described pre-service training as effective preparation for working with foster children. Others described the training as unrealistic or not specific to the types of children that DCFS serves. Some prospective foster and adoptive parents enjoy the combined training, while others would prefer training to be separate. One prospective adoptive parent described pre-service training as geared more to foster care and less to adoption. Some seasoned DCFS staff and foster parents expressed a preference for the NOVA curriculum that was previously used.

While in-service training is available to foster parents and they receive the in-service training schedules in advance, many appear to have logistical problems such as the distance to training sites, child care arrangements, needing to take time off from work if training is during working hours. The annual statewide foster parent conference is well received. Foster parents also appreciate the area conferences. A few foster parents questioned the need for training. Others would like to have further additional training in dealing with the foster child's grief process, in anger management (to help deal with the child's anger), and in understanding what the child experiences when entering foster care.

DCFS should develop some uniform training for staff of childcare institutions, although contracts should also continue to include funds for providers to also provide training to their staff.

Systemic Factor – Service Array

All Focus Groups were asked questions about the existence of preventive, reunification and permanency services, the effectiveness of the services and the accessibility of the services.

The input indicated that services exist throughout the state, but not uniformly. Larger counties tend to have more services. There is a need for local services, especially in smaller and rural counties where the distance to access services and, often, lack of transportation is an issue. Another access issue that was mentioned was some providers' hours of service or hours of operation might limit families' opportunity to attend or receive services.

There was a sense statewide that staff, foster parents and parents need to have more information about available services and community resources. Several focus groups also mentioned problems with Medicaid. These problems included a couple of concerns expressed about delays in eligibility determination (one when a child is in foster care and one when a child returns home from foster care) and the need for more Medicaid providers including dentists.

A frustration was expressed in a couple of groups that DCFS receives custody of children in order for them qualify for Medicaid services, access therapeutic foster care, or get DCFS to pay for services. Another concern was that DCFS sometimes gets custody of children when alternate services, such as mental health services or services for delinquent youth, could and should be accessed to prevent placement. Another concern expressed in over half of the area focus groups by staff, foster parents, consumers and stakeholders was the workload of Family Service Workers and the need for additional staff.

Overall, although services exist to prevent placement, reunify and move children to permanency, more services are needed, including the following:

- Appropriate local placements for children in foster care, was mentioned by staff, stakeholders and foster parents:
- More foster homes that are trained adequately supported and evidence a commitment to care for a child or youth until they exit foster care. Homes are especially needed for teens, African-American youth and teen mothers and their babies.
- Emergency foster homes are needed.
- A suggestion was made that a level of care system is needed.
- Many focus groups expressed a need for more therapeutic foster care, residential and emergency shelter capacity.

- It was also mentioned that better discharge planning and support is needed when a child leaves a residential placement.
- The need for increased and accessible mental health services was mentioned in 15 different focus groups across the state.
- Transportation, including after-hours and weekend transportation, was a need expressed in eleven different Focus Groups.
- The need for additional Intensive Family Services was mentioned in nine different focus groups.
- The need for increased Independent Living services was seen as a need in several areas.
- The need for more and different types (e.g., long-term, basic living skills, in-home, for youth and for developmentally disabled parents) of parenting education and support was mentioned in a number of focus groups.
- Substance abuse treatment, including residential treatment for women and their children, was mentioned in many groups.
- Other frequently mentioned needs include: respite care for parents, foster parents and adoptive parents; housing; more and more accessible basic living assistance, such as cash assistance; child care; increased support for families after reunification; more adoptive homes, especially for teens and African-American children; wraparound services; sex offender assessment, counseling, and treatment, including treatment for female sex offenders; reintegration and services for delinquents; youth activities; adoption support groups and post-adoption services; sexual abuse survivor groups, and,
- Coordination of services with and advocacy for children in schools; adult peer mentors; mentors and support groups for children; lay therapy; and timely home studies.

There were a number of other service needs suggested by individuals in focus groups, such as services for mothers of children in foster care who are exiting prison, support for kinship placement, and homeless shelters.

Systemic Factor – Community Awareness

Focus groups articulated a need to have a clear understanding of services being delivered and each people or agency's role and responsibilities in serving children and families. There was some recognition that worker' caseloads and lack of placements might have an impact on the coordination efforts between agencies.

One area indicated that coordination of mental health needs for children and families was improving. Two areas identified specific community groups that assist in working with children and families, e.g. Multi-Disciplinary Team's, Together We Can. Several area staff and stakeholders recognized the need for better understanding and coordination of developmental disability services. Stakeholders noted that coordination worked better in some counties or with some DCFS supervisors.

Comments were also made suggesting improvements including the following;

- The Pulaski County Strategic Planning Committee suggested that there was a need to train and provide information to staff on the resources available in the community as cash assistance was limited.
- One area focus group stated that DCFS coordinates with other agencies and providers, but there was a need for stricter guidelines requiring follow-up of services.
- In some areas, a concern was expressed that coordination with the education community needs improvement.
- DCFS needs to improve collaborations with other agencies.

Conclusion

DCFS has effective collaboration in some areas of the state but needs increased coordination in many areas. A number of focus groups indicated a need for agencies to know and understand each other's services. DCFS needs to increase its collaborative efforts with other agencies and develop guidelines for staff.

Systemic Factor – Foster and Adoptive Home Licensing, Approval, and Recruitment

During the focus group meetings with foster parents, most indicated they had a copy of the Handbook for Foster Parents. Some indicated that they might not have a copy of the Standards for Approval for Family Foster Homes. There were comments from foster parents indicating that they would like a certificate of training and approval and an I.D. card. Several indicated that they would have a clearer understanding of the Standards if there were specific training that addressed them. Other comments included:

- Most providers acknowledged receipt or knowledge of Minimum Licensing Standards for Child Welfare Agencies.
- The pressure of needing placements should not take precedence over the safety of a child.
- There is a conflict between DHS policy and these standards, which is acknowledged and being addressed.
- Some foster parents want a return of licensed group homes.
- Most private providers and foster parents felt that the standards ensure safety and are enforced. During the meetings, most indicated that the standards are implemented fairly.
- In a couple of the stakeholder focus groups, participants indicated a need for foster parents to understand the level of commitment required to serve foster children in their care.
- Juvenile Judges noted a need to define who at DCFS has responsibility to monitor foster homes.
- Some foster parents did not understand the annual re-evaluation process.

Overall Thoughts

All who participated in the focus group process thought it was beneficial and provided an opportunity for people to be heard. DCFS must include review and comment on our plans appropriate public and non-profit private agencies and community-based organizations with experience in administering programs of services for children and families (including family preservation and support services). The Division will be utilizing the focus group process to assist in a public review and comment of our agency's plans for services.

At the conclusion of the focus group effort, a meeting was conducted with the Area Managers and other staff generated some of the ideas and suggestions on how to improve the focus group process, with the following suggestions:

- A longer period of planning (6 months) to conduct these session to allow sufficient time to coordinate, locate meeting sites, and involve other interested facilitators such as County Administrators.
- Mail invitations early and include RSVP or a card. Use email to communicate with different organizations e.g. foster parents, providers, also make personal telephone calls to request attendance.

- If the arrangements are being done locally, get info into the central office early - 2 months
 - dates/times
 - locations
 - directions to the facility
- Identify other groups that meet frequently to coincide with existing meetings and request to be a part of the agenda to conduct a focus session with e.g. Foster Parent Support groups located around the state.
- Get more consumers to attend. Suggest providing a meal, provide funding or assist in transporting consumers.

The Division of Children and Family Services Focus Group Input Results

In the recent review of our services to Arkansas' children and families, conducted by the Division of Children and Family Services (DCFS) in conjunction with the Administration for Children and Families, input was sought from staff, providers, stakeholders, foster parents, adoptive parents and consumers of our services. Public service announcements were made in local papers, National Public Radio and placed on the DHS web site and over 20,000 invitations were mailed. A total of fifty-eight (58) focus groups were held across the state to gather this information. The goal of our efforts to assess the division was to gather information from the community and clients that we serve to provide us insights about the perceptions, opinions and feelings toward these services.

Attendance at the focus group sessions held around the state included

Type Group	Number of Participants
Field Staff	235
Area Managers/Staff	12
Central Office Staff	9
Provider/Stakeholders	112
Foster/Adoptive Parents	105
Consumers/Parents	9
Consumers/Foster Youth	96
Office of Chief Council Attorney Staff	30
Child and Adolescent Service System CASSP Coordinators – Stakeholders	6
Child Welfare Agency Review Board – Stakeholders	7
Juvenile Judges – Stakeholders	6
Pulaski County Strategic Planning Group – Stakeholders	12
Therapeutic Foster Care Providers Association – Stakeholders	7
Total	646

The overall results of focus group input are reported for each group and by each systemic factor:

Systemic Factor - Statewide Information System Capacity: *Area and central office state staff were asked, how effective is the CHRIS system in providing you information that describes the status, the demographic, location and goals of the children and families you serve? How accessible is the information? How useful is the information that CHRIS generates in caring out your responsibilities?*

Field staff in the areas

- History prior to October 1997 is not on the system.
- CHRIS is not user friendly – information should be keyed one time, then populated to the other screens.
- There has been improvement and it is running faster.
- Request more training on the system.
- Request space to place comments in some of the comment fields
- Request more ticklers to help remind them of crucial work that needs to be done in a timely manner. In some instances there are ticklers that do not reflect accurate information as well as the CHRIS calendar. The COR and AFCARS data should also be mandatory screens. Ticklers don't go away when you complete the work and there is not enough time to put in the data, they're useless.
- The system goes down a lot and it is too slow when conducting a search of names.
- Some staff prefer hard copy files than the system information.
- It doesn't flow," user must know how to navigate system to use CHRIS.
- The Absent Parent Screen is awkward (Absent Parents have to be added to the clients screens even though they are not involved in the referral or case.).
- Can't read all information on investigation screen, and can't print all screens that are needed.
- CHRIS is only as good as what you put into it
- Request monthly reports rather than supervisors having to do each month.
- For ILP (15 – 16 yr. old) – nowhere to document information.
- Needs a pop up reminder box populates for 3 placement/staffing.
- Request that the system include a field on payment history screen to record provider has been paid.
- There needs to be an auto back-up system when CHRIS crashes and information is lost.
- Policy and CHRIS do not always coincide.
- Sometimes it is hard to access other screens (like the Medicaid screen).
- The service log is a problem it is too long/by counties.
- Problems with clients who have more than one ID, different information under different numbers and so if close one, may not have all of the information anymore.
- CHRIS Net is good – can pull policy down.
- CHRIS is a monitoring tool not a resource. Staff are unfamiliar with the resource function in the system and prefer to look at a hard copy directory.
- Expectations are too are staff are monitored for compliance entering data. The accessibility is hampered by any malfunctions with CHRIS. There are errors in the information CHRIS generates. CHRIS does not populate the information properly.
- The inability of the system to eliminate a child that has exited the family is a problem.
- When CHRIS is working properly it is easy to access the information.
- Some staff stated that they loved it and the system is fine.
- Others stated that keying information in it is a hassle. Not good at getting demographics from the system on a family we are working with. The time to input data in the system takes worker activities take time away from direct client contact.
- Social workers do not make good data entry personnel.
- History search changes from day to day, not consistent.
- The CHRIS Help Desk is very responsive.
- The system is too time-consuming because of having to click out and going back. It is hard to see where a placement is and the placement screen is often incomplete.
- Request the contact screen needs to record or have a pick list value that allows for recording attempts of visits have been made because you have a number of attempts and say case needs actual contact.

Central Office Management

- Request more reports (e.g. number of foster homes and investigations per county).
- Better navigation is needed into the CHRIS system (tutorials and crib notes would help).
- Data in CHRIS are not consistent (e.g. a child may be in CHRIS under multiple names or client IDs)
- Resource Directory is still inaccurate. Information taken directly from CHRIS is not reliable. Accurate information must be pulled by hand.
- CHRIS is too slow.
- The OCC database and CHRIS do not interface, but should to assist casework.
- The ICPC computer system does not interface with CHRIS.
- Efforts to develop “periodic reports” from CHRIS data to let us know that key information is available in the system have not been productive.

Area Managers

- The CHRIS Alpha List of children currently in foster care is not accurate. CHRIS does not list other clients/services.
- The Resource Directory does not provide enough information.
- In CHRIS, there is no way to tell if a case is FINS, Dependent/Neglected or Delinquent.
- Most reports are not operational (e.g. the Referral Log and Overdue reports no longer work).
- The CHRIS enhancements have created new problems.
- CHRIS does not work uniformly. We do not know where in CHRIS to locate most of the information we need.

Systemic Factor - Case Review System: *State staff, stakeholders, consumers, foster and adoptive parents were asked, does each child have a plan and does it address the setting, close proximity and needs of the child? If you have served DCFS children, were you given sufficient notification and/or provided an opportunity to help develop the plan?*

Field staff in the areas

- Children have case plans that address the required elements and document the steps to finalize an adoptive or other permanent placement. Every case is supposed to have a case plan, but some do not due to staff shortage.
- There are so many time frame expectations and having the case plan tool drive the plan is not good practice.
- The case plan is hard for families and the Court to read and understand because of the way they are arranged. The plans are hard to understand and when printed, parents get overwhelmed because there is way too much information in them.
- It is not a living document and it does not address the strengths of the family because there is no place for it. Strengths are shown in the Family Needs Assessment (FNA) and demographics screen. Some staff indicated that it is hard to find a family’s strengths and note them in the case plan. Workers feel that it depends on initial information put in the CHRIS system. If a worker is detailed in doing family needs assessment w/each new case plan, the strengths of the family will be addressed. A worker must print the family needs assessment & attach to the case plan - should generate to the case plan in CHRIS.
- The case plan does not always address close proximity because not enough homes are available. Also, staff indicated that they did not know where to address the proximity issue because the format does not allow for putting a description for the most family like placement appropriate to his/her needs. The proximity description is in the placement plan.

- Some plans are more comprehensive than others are. Staff stated that the plan addresses extended family, income, employment, home, supports groups, and growth.
- The creation of the case plan and the interface with Word is too time-consuming and complicated. The recommendation portion of the plan and the visitation schedule needs enhancement so it will populate instead of retyping. The “best interest” words don’t always appear but the explanation does.
- Staff also stated their judges don’t like the case plans. Workers suggested that information about a family’s strengths could be put in during assessment period. There is a communication break down between units, which results in case workers redoing what the assessment workers have already done.
- There is confusion in responsibilities for the case plan. Need information from the assessment to complete the service portion of CHRIS. Assessment workers need to (but usually don’t) attend staffings.
- One worker stated they rarely look at case plan, but look at narrative instead.
- Not all counties have access to the Word document, which some counties are using, for their narrative. A case plan just tells parents what to do not what they are doing well. The CHRIS system has a status field and when they select “not achieved” status it may be beyond client’s control. Staff recommends things that a family needs, but everything is not possible

Foster and Adoptive Parents

- Most of them have case plans, but not given to them timely and they don’t make sense or are hard to understand.
- Foster parents expressed concerned that the biological parents are not forced to follow the case plan or visitation plan.
- They may get notification of staffing but it is not always at a convenient time or they are not given enough notification to attend.
- Foster parents stated that they could help with the development of the plan. In some instances the foster parents described that they helped developed the plan and in others did not get asked to help.
- The foster children in their care have a case plan and workers try to address close proximity but the resource for place is not always available.
- Some foster parents said that they did not feel the case plan address the needs of the child.
- The county where the child came from did not give them a medical passport and did not get clothing for the child timely.
- Some stated that they were not aware of the content/nature of the case plan. They said that copies were not made available to them, nor were they informed of updates. Their impression was that the worker(s) “got busy right before court” [in regard to the case plan].
- They had the following suggestions: more communication, specific reviews with timetables, easier communication with workers, such as a specific voice mail message to call another worker if needed. They believe that part of the problem is a workload issue – that there are too few caseworkers.
- They believe that the case plan addresses more problems than strengths.
- Progress reports need to be given on compliance of the case plan by the parent.
- Foster parents need to be apprised of family treatment/services to include children and bio families.
- Veteran foster parents learn what to ask and always ask about medication.

- They had to find services for the foster child e.g. speech therapy. They do not feel that the plan matched the needs of the child e.g. child needed speech therapy but it was not in the plan.

Consumer Parents

- One set of parents stated that they did not have a copy of their child's case plan.
- One had a copy of plan but has questions about it sent from her lawyer to get the county to address.
- The parent stated that there was not an opportunity to help develop the case plan.
- The case plan is totally negative about me.
- The case plan requires so many things of the parent and there is a lack of services or anyone to guide toward services.
- Another stated that she was not aware of content/nature of the case plan. Some have never seen a case plan – only knows about daughter from emailing foster mom.
- Need better explanation of “staffings” and “case plans”. Need more communication – can't get in touch with worker.
- It is sometimes clear what must be done to have my child returned. It comes up in court, but doesn't hear about what she must do, as there is no comprehensive list of goals that must be met.
- Staffings should held sooner; there is not enough time for parents to meet requirements.

Foster Youth

- In some of the areas in the state the foster youth stated they had a case plan and in other areas they did not. Some youth did not know what a case plan was. The case plan does not always address “our” needs.
- Don't get to participate and are in foster care too long. Some are invited, some are not invited to the case plan staffings and they felt that this could help with services if there was better communication. The youth feel that it is tough to see worker; and one youth had 5 workers so far.
- They feel that the services do not prepare them for the future when they get out of foster care.
- They do not feel that their placement is close to parents.
- Foster youth stated that DCFS waited too long to terminate parental rights.
- They also felt that some caseworkers do not listen.
- Some do not talk about strengths but about the weaknesses of the parent to get more attention in the case plan.
- Caseworker made contact to notify of staffing and some clients were given an opportunity to talk.
- One stated it did not address medical needs, discuss with caseworker and nothing done, ob-gyn problems not addressed.
- It does help them know what to do to have the child returned home, but rarely are the needs of the child met. It really varies from worker to worker
- No it doesn't address my needs because I want to go home” and another foster youth stated “no it doesn't address my needs because I want a job.”
- One stated that a judge really helped in case plan.

Stakeholders

- Some stakeholders had case plans and some did not. Stakeholders indicated that children have case plans and these include the essential elements required of case plans.
- Stakeholders stated that if it is a reunification case, close proximity is addressed. The case plan looks good on paper but the needs are not always met.
- Stakeholders felt that in their Area there is worker burnout, there is a lack of resources and a lack of transportation.
- They need copies of plans. They indicated that some are good, some too general. The needs are not always addressed.
- It depends on county if we are notified or not to attend staffing in developing the plan.
- Distance can be a problem, 5 out of the group participated in the developing of a plan and only 1 received a copy.
- Foster parents and their roles should be addressed in reunification efforts in the plans.
- Case plans are hard to read and court orders are easier. There should be integration of court order into case.
- They suggest that there needs to be reciprocity in completion of the plan within agency plans and guidelines.
- Case plans are not consistent nor are the plans updated.
- For those working with our children they provided input in the development of the plan and one provide input over the telephone. One provider submitted a report such as services provided.
- Those that had a case plan felt that it was generic and that it needs to be specific, not addressing needs of child
- The Division of Developmental Disabilities Service (DDS) person had not seen a copy of the case plan for children both agencies serve.

Office of Chief Counsel - Attorneys

- Yes, every foster child has a case plan but they were not presented to the court more than half of the time.
- Completed in 30 days – it is unlikely that the timeframes for completion were met consistently.
- The White County Judge does not want the DCFS case plan to be in the court record, some Judges do not like the format of the DCFS case plan. Judges complain that the case plan does not address “close proximity”. In some Areas, almost no foster homes appear to be located in close proximity to the biological families.
- More documentation of any compelling reasons NOT to Terminate Parental Rights is needed. Case plans do not seem to address the specific needs of the child.
- There is no creativity with the development of case plans. The plans are too generic. Caseworkers need more training.
- Are families involved in developing the case plan? No, the majority of families are not involved.
- Too much time is spent putting information into CHRIS. There is not enough time for casework.
- Families do not understand what their role should be.
- Workers in one area do try to involve families, but it varies between workers.
- Attorneys for the parents do not fare very well in court.
- Form (official procedures) is wrongly considered more important than function (good casework).
- Caseworkers need a more clear understanding of the purposes of the case plan and staffing.

- There is too much in the case plan. A judge reviews it every 3 months and must make new case plan.
- Putative fathers do not participate and their legal status is often not clear. Frequently, they are incarcerated.
- MEDIATION is available in Pulaski, Jefferson and Benton Counties.
- Some DCFS staff uses the court order for their case plan.

Juvenile Judges

- Some judges stated yes; more often than not; or don't because of resource issues
- Does it address the needs of the child? Judges stated they are usually led to believe they do
- No real effort in pulling together the plan, it is useless, like boilerplate from CHRIS, they use pick list, which can be limiting and can be misleading ("In progress" "Referral made")
- Resource an issue with proximity of parent to the placement, problems with recruiting foster homes (Oklahoma contractor), resource issues-homes and requirements being too tough to meet (e.g. physical requirement)
- In addressing the needs, sometimes yes, sometimes no, but it is getting better. Orders drive case plan
- Concerns noted by Judges with the case plan format
- In addition some areas have lots of turnover. Better case plan-more tenured workers
- Judges felt that parents do not understand what is required of them, parents are invited to the staffing
- Mediation-yes major problem
- Actions needed for the parents to get the child returned are getting better and there are some target dates for completion of activities.
- We don't get copies of them on time
- Case plans not redone when the goals change, these are redone when the case plan expires - depends on worker
- Need assessments, no one sees them and the judges are not familiar with the information on the report.

Child Welfare Agency Review Board

- Case plans are too general and generic
- There is not enough time for workers to do what they need to do.
- Providers are not involved in developing or suggesting the permanency goal.
- For many providers, there are two case plans. One is from DHS and the other from the Provider. Facility case plans address the child's needs, but not necessarily the family's need
- The person transporting a child to a placement often does not know the child or providers and fails to get all the necessary information.

Child and Adolescent Service System Program – CASSP Coordinators

- Case plans are not always individualized, complete or signed by everyone who is necessary. Often there are generalized statements, which do not always address the issue of "close proximity"
- Usually the plan is already completed.
- The plan is usually broad, generic and looks like a "form letter".
- Reunification is not an appropriate goal if the parent is not following through with requirements.

- Case plans often lack focus on actual improvements made by the parent. The case plan should include concrete steps that could serve as signals to parents that they are ready for reunification.
- We do receive copies of the plans.

Therapeutic Foster Care Providers Association

- We do receive copies of plans, which describe needed services. However, they often do not address “close proximity” because placements must be made where a slot is available. Close proximity is considered, but is not always possible to achieve.
- Most placements are emergency placements and do not achieve close proximity to the parent.
- It can be difficult identifying the needs of the child as they are often only addressed superficially.
- The case plans are too generic and not individualized enough. The plan may have some concrete steps for the parents to take, but it frequently does not address the real treatment and safety issues.
- The initial case plan is to be completed within 30 days and therefore, may not capture all of the needs of the child or family. The time limits on preparing the case plan do not allow for completing it prior to a staffing.
- Once other relevant parties (Ad-Litem and therapists) are included, the plan does usually address needs.
- The forms format has places to address needs, but the practice may not reflect actual consideration of those needs. Many needs are driven by court and court dates.
- Immunization and medical information may not be addressed or provided in a timely manner. The caseworker, not have been given a copy.
- Issues such as counseling and who has what responsibilities are addressed in the plan, but it may not be specifically oriented to the goal of reunification.
- The case plan is filed in court. If it is to be a useful tool, it must state specific goals and identify who should do what and by when. Actual case practice does not always follow good case practice theory.
- Yes, but all essential people are not consistently notified of a staffing in time to review the case plan.
- Upon referral to a provider, DCFS already has a case plan. Provider treatment plans are developed at the time of the referral and are more focused on treatment activities. Some, but not all, of the elements of the provider’s plan should be incorporated into the DCFS case plan.
- A provider may have to initiate a staffing with DCFS staff members, who are usually cooperative.
- Parents expect their child to be returned home when the plan’s requirements have been completed. The parent’s progress is often not addressed. Workers need more training to address these issues in depth.

Pulaski County Strategic Planning Committee

- Most members attend. Others are routinely invited, but attendance by others is low.
- The case plan is signed off on, but not every appropriate person has participated in its development.
- It is not clear in some cases if the staffing was used to develop the case plan.
- Those who attend a staffing may not be the ones who develop the case plan.
- All participants are asked for input. The draft plan may be changed during the staff meeting.

Central Office Management Staff

- Case plans are “canned” (generalized). It can be difficult to tell anything about a specific child. The plans are frequently not signed by anyone.
- Case plans often do not address the specific needs of a child. They do not help the parent know what they need to do. Case plans are generally taken to the parents to be signed. Providers are often left out and SCAN is not invited.
- There is not enough space on the case plan for an adequate explanation.
- A plan, based on performance based budgeting, may have a negative financial impact if not well prepared.
- In Youth Advisory Group meetings, kids did not know what a case plan was.
- Are we training workers how to do good case practice? Are workers adequately indoctrinated on doing their job? Do workers have regular contact with supervisors to assist and consult? There is some inconsistency in the application of policy and procedures between the different DCFS Areas.
- Case plans fail to address the strengths of a family? Plans seem to be just deficient based.

Area Managers

- Yes, but case plans are often not child or family friendly.
- The plan needs to address the reasons for opening the case. The issue of using the “least restrictive environment” is often not addressed.
- The placement plan is frequently not in case plan. The placement button under the case plan button should open automatically.
- All information in CHRIS mandated for the COR, Angela R. or AFCARS should be colored yellow.
- Steps are needed to be put in the case plan
- Sometimes the case plan is complete, but the data is not entered into the CHRIS system
- DCFS staffs are better at describing steps in case plan than they use to be.
- Case plans need to be more specific. Not all issues in the assessment or court order are addressed.
- Does the plan address family strengths? Many plans focus on problems and rarely address strengths.
- Information from the Case Plan should populate into the Placement Plan and the Strengths and Needs Assessment (SNA). Strengths must be included in the strengths and needs assessment.

Systemic Factor - Case Review System: *This series of questions were asked of area staff, central office staff, Office of Chief Counsel attorneys and our Juvenile Judges. How effective is the court process to periodically review (at least every 6 months) the foster child’s status? How effective is the process at ensuring that the permanency hearing is conducted within specified time frames (12 months from the date the child entered care) and that it promotes the timely and appropriate achievement of permanency for children? Does the hearing move the child towards permanency?*

Field staff in the areas

- The court reviews are effective and the permanency planning hearing is effective, but some judges are reluctant to terminate on parental rights.
- Judges are catching on that we have time frames to meet.
- Training for the Judges would be good. Some Judges just need the laws brought to their attention.

- It appears that the OCC sometimes feel that Judges have to give the OK for termination petitions. The Judges have to hear what is filed.
- Some Judges make it very plain to the parents what their responsibilities are (this is good)
- Attorney assignment in the past has been difficult, it is a real plus to have the attorney ad litem paid now.
- There is a need for an additional attorney in this area due to the number of cases. Attorney is setting the hearing but not timely due to overload. OCC workload too high and court orders not available timely. Staff need orders to reinforce orders to parents – need it in writing
- Move toward permanency is taking place and has improved due to more judges being aware of the laws.
- The court process is awesome, and staff identified Judge Goodson as awesome. Can address court sooner if needed. Green book by Judge Warren is helpful
- Some judges disregard permanency policy, not that DCFS has not done its part
- Hearings fall in within the time frames but court decisions take longer.
- The process is hard to explain to kids
- Hard to place children stay in foster care waiting
- There are new federal laws and DCFS is pushing harder and judges are listening more
- The process pressures parent to change, Judges explain to parents at probable cause
- Turnover affects this. Agency circumstances affect this. Scheduling is not timely.
- Childcare is an issue during court. The worker has to bring the child to court so that the Attorney Ad Litem can visit (when they can and should be visiting the child in the foster home already). Then the worker has to care for the child during the hearing, even when they may have to go into the courtroom.
- Workers need prep time with DCFS attorney before court. DCFS attorney needs to support agency rather than aligning with Attorney Ad Litem. Sometimes DCFS attorney will enter into agreements contrary to DCFS opinions with Attorney Ad Litem and Judge in chambers without consulting with DCFS staff.
- Court ordering services and placements is not always in the child's best interest and DCFS has no recourse because OCC doesn't appeal
- Reviews are held timely on Dependent Neglect cases, but sometimes not on Delinquencies and FINS because OCC is not notified by the Court that one was not set
- In chamber hearings do not always include DCFS or the birth parents, and attorneys make decision for the worker and family without consulting them
- FINS families who can't afford attorney can lose custody of their children at hearings without any legal representation – attorney not appointed until after the child is placed in foster care by the Court
- The “fast track” terminations take almost as long as the regular terminations. Grounds needed to terminate varies from Judge to Judge
- DCFS has to service more than abused and neglected children – is expected by the Court to be the truant officer, Division of Youth Services (DYS) aftercare provider and mental health payment source
- In open protective service cases when families that do not cooperate would like the court to get involved to ensure the safety of the children.
- FINS officers use DCFS to do their work – all they do is file cases in Court and DCFS has to follow up and report to them DCFS needs OCC representation in FINS and Delinquency cases, because DCFS is put in the position of telling Court what the law says
- IV-E Court Assessment Unit in Washington County is not taking appropriate action and is not helpful – DCFS still gets all the cases.
- Schools have more input than DCFS in court hearings.

- Court uses DCFS to monitor providers, schools, and mental health providers.
- The court is not supposed to order specific providers, but does it and OCC doesn't object
- Washington County Court doesn't have a copy of the AR Statutes in the Courtroom.
- Court FINs case referrals lack vital info, does not tell DCFS what is needed for the family – leaves DCFS guessing what is needed until someone from Court calls back
- DCFS is accountable to the Court regardless of other agencies not doing their jobs
- The Court of Appeals is too slow, so can't finalize adoptions quickly – takes a year for answer on appeal
- Court won't allow move of child to adoptive home during appeal – thinks stable foster home is best placement
- Court allows non-relatives to intervene to privately adopt, which slows down process.
- Foster Parents who are in fostering to find a kid to adopt sabotage possible adoptive homes
- Courts won't move child to adoptive placements without months of visitation.
- Cases reviewed in the permanency planning hearing promote timely achievement
- Depends on Judge and OCC, some Judges don't believe in terminating unless severe even if kids are in care longer, reluctant to terminate, some that will terminate but will ignore time frames
- Some judges have a termination friendly attitude – services in place – still not progress
- Six months review is occurring. Judges placing children in foster care that may not be appropriate, some judges follow ASFA exactly, hearings every 3 months, 6 month reviews are being done
- Supervisors trying to send kids to DYS, some needs to educate judges on Division of Youth Services services.
- Give judges the authority to require certain time in DYS services so kids don't bounce back to DCFS
- Effective permanency planning hearing hurts the rest of caseload because of the work required.
- Interagency working needs to be better –

Central Office Management

- Staff questioned whether a goal of Independent Living is correct for a 13-year-old.
- Judges do not like to terminate parental rights.
- Judges sometimes (3) make a “no reasonable efforts” finding because other states do not provide DCFS with a proper home study or progress reports.

Area Managers

- May be an occasional judge that is a problem
- OCC Attorneys could do a better job at following up on court orders. One case was not adjudicated in an entire year.
- Does the hearing move the child towards permanency? Almost too rapidly.
- We have seen an increase in the number of TPRs
- Judicial review varies greatly. Some judges only want regular reviews. Others “fast track” everything. Still others will not order TPRs.

Child Welfare Agency Review Board

- Recruitment for older children of prospective adoptive homes is needed
- Need the creative involvement of churches to recruit foster homes.
- With two different counties involved in the same case, there may be two different goals.
- Parent training attendance and progress needs to be recorded.

Office of Chief Counsel - Attorneys

- Yes, because of OCC's efforts.
- Permanency Planning Court Reports need to be improved. They contain inappropriate goals.
- Court reports should include compelling reasons and be in MS Word Document format (.doc)!
- How effective are these hearings in achieving timely and appropriate permanency goals for children?
- The hearings are timely and helpful for TPR. Hearings following the initial 12 months after TPR are not good. TRAINING is needed.
- Appropriate reasons are needed for each goal. Training is needed for the caseworkers on "Imposed
- Decisions" (decisions made by judges in chambers).
- Are foster and adoptive parents and relative caregivers notified of hearings and asked to testify?
- Some attorneys give notices, while others do not.
- DCFS should notify foster parents about court hearings and court orders.

Quality Assurance - Standards

Foster parents, stakeholders, and agency staff were asked if they had copies of the Standards for Approval of Family Foster Homes and the Minimum Licensing Standards for Child Welfare Agencies, if they understood the standards, and if they felt that the standards keep children safe.

Field staff in the areas

- Some had copies or access to the standards could be in the county office but they are all new staff.
- Staff feels that the standards are inconsistent, there are too many standards, the standards are written to include TFC homes as well as regular homes, and they offer 2 different services and need 2 different sets of rules.
- Foster parents need to be a part of the team – DCFS needs to hear the foster parents' opinion. Foster parents are not always a part of the case plan development, sometimes tell the Court their opinion, which is at odds with DCFS.
- Foster parents do not always come out of training prepared to accept the types of kids DCFS has they need more training on reality of kids' behaviors. If they have any trouble with the child, they kick them out. Curriculum is not realistic for initial training – old NOVA training produced better foster parents.
- Many foster homes are just "warehousing" children – they don't give services as expected such as transportation, taking kids to the doctor. DCFS should have more say so in screening out foster parents once they are opened.
- Need to have a Foster Parent Mentoring program, and prospective parents need to "shadow" current good foster parents.
- Many people use foster parenting to "shop" for a small child to adopt, and when they find one they sabotage reunification goal. Foster parents do not like the new standards and do not like being reviewed quarterly – are being rude to the workers doing the reviews.
- They feel that the standards should agree and that there be some flexibility with the standards. Staff requested in service training to understand standards better.
- Suggest the requirement of a psychological examination in standards.
- Suggest that there be a the step down of therapeutic foster care to board rate of non therapeutic.

- Supervisory staff stated that foster parents sometimes don't meet the agency expectations of their responsibilities, for instance, some won't be responsible for their foster child's transportation, extracurricular activities, won't provide anything extra, like school uniforms or supplies, summer planning and activities.
- One area stated that having these publications help us apply the standards and these are applied equally. This area also has a placement team to aid the front line workers and assist in making sure that children have an appropriate placement.

Foster parents

- Some foster parents stated that all have copies of standards, some did not have copies of The Standards for Approval of Family Foster Homes or the licensing standards..
- They requested that they would like to have a paper license they can display in the home – plaque or certificate. They also stated that they needed to know if the license has an expiration date.
- Foster parents stated they had the standards as well but indicated that they would understand them better with training.
- They stated that they feel the annual reevaluation is a big mess as some homes not reevaluated for over 1 ½ years.
- It is also hard to tell if their license had expired and some were not sure if they were licensed or not.
- Foster parents suggest that there needs to be an income standard.
- All foster parents need to know how to contact their worker.

Stakeholders

- They had copies and that the regulations were very clear.
- They also indicated that they had excellent relations with their licensing specialist.
- They suggested those background checks results needed to be done more quickly and feel the accuracy of the results is not 100%.
- Some of the stakeholders did not have a copy but feel foster parents are well trained. Foster parents respond pretty well to schools and the foster parents have improved in recent years.
- They asked if the homes are reviewed regularly and if standards adhered to.
- They also suggested that there be a mental health evaluation completed prior to placement.
- Stakeholders state the standards need to be consistent across state and applied equally to all foster homes.
- Suggest an overview of standards be made available.
- Requested a copy of the standards and/or know where to get information.

Central Office Management Staff

- Yes, however the question was raised, does the home study accurately reflect what was found in the home itself? Is DCFS
- The participants asked if the person responsible for evaluating the homes is doing a thorough review of these homes?
- What about the homes, adoptions and approval process handled through ICPC?

Child Welfare Agency Review Board

- Yes, safety regulations are enforced and implemented fairly.

Therapeutic Foster Care Providers Association

- Yes, the group responded to these and we do understand. We believe the intent is to keep children safe.

Pulaski County Strategic Planning Committee

- The committee members did not have the Standards for Approval of Family Foster Homes or the Minimum Licensing Standards for Child Welfare Agencies.
- The standards do not ensure children are served safely in foster homes. Homes need to evaluate homes more carefully. Standards need to clarify that the safety of a child is always paramount over any foster parent's rights. There is no follow-up to consider changing circumstances in previously approved foster homes.
- Background checks are important. DCFS should take more responsibility for monitoring these homes.
- Foster parents may only grasp the minimum requirements. Foster parents are responsible for meeting those standards. The level of each foster parent's commitment is very important.
- A committee member suggests a mental health screening of potential foster parents or questions regarding their mental health status should be included in the home study.

Area Managers

- DCFS is doing better and making sure that standards are being maintained
- There must be more interest and attention to what is going on in the foster homes.
- Foster parents have a better understanding of the standards.
- The standards need to be updated in the Foster Parent Handbook
- Some standards are not clearly outlined and do not provide enough freedom to close foster homes.

Therapeutic Foster Care Providers Association

- All are mental health professionals, who are required to attend training each year as required by their license.
- All the foster parents have training requirements, which they attend as well.

Juvenile Judges

- More work needs to be done to carefully look at homes on front end
- There is no follow-up, need to review the home and consider changing circumstances of the home
- Background checks and more responsibility for monitoring the homes is needed.

Systemic Factor - Quality Assurance: *These questions were asked of management staff and field staff. The DCFS Quality Assurance system currently produces reports such as the COR, QPR, IFS, Contract Residential Evaluations, management reports that assist in a particular area. Soon, it will have a field-based review of the quality of services. What other quality assurance components can you suggest that will assist in managing your programs?*

Field staff in the areas

- One area could support their own QA person for Court order compliance and qualitative assessments of narrative content.
- Staff suggested that a pre COR report is prepared and this could help eliminate data base errors on COR.
- Staff suggests a QA system like the previous Administrative Review system, where hard files, CHRIS documentation and all parties in the case are interviewed. There is not enough time spent to review quality of case services and case practices.

- COR does not reflect any credit for visit attempts – only get credit for face to face contacts, weekly home visits do not ensure that quality service are offered
- Supervisor should know their workers.
- Staff suggests the agency look at the contracted services, as DCFS has little control / contractors but are held responsible and must document any problems with the provider. Contractors lose staff but don't tell DCFS
- Staff needs county-based summary reports to get quality. Staff stated they needed a report that tracks moves of children for 3 or more moves. Staffing Standards and caseload reporting by county. Suggest the Overdue Assessment Report, done manually each month be automated.
- Need help to understand AFCARS and a mechanism of CHRIS to identify what fields are for AFCARS. Should have a tickler system in CHRIS. Ticklers are needed to notify when it is time for workers to: visit, update the case plan, foster homes, re-evaluations etc,
- Staffs are still trying to understand COR; in COR there is no list of priorities.
- Need to look more at casework practice than COR -- quality issues are NOT reflected. Staff stated that workers should not be driven by the CHRIS system, but family centered driven.
- The current QA fails us. QA needs to relate to; county being fully staffed, caseload size, type of case. Staffs were unfamiliar with the current QA systems.
- The current system is a monitoring tool, but is not helpful.
- The CHRIS training reviews are helpful. Errors show up though info there; need to reprogram to pick up accurate errors, as the COR report is not always accurate. (Information in CHRIS, but not populated when pulled—discrepancies in recording visits and sibling groups. Staffings may not be picked up, if not put first before visit was conducted. When mother and baby—nothing to select except “other” for reason—mother inability to cope. CHRIS needs to be more sensitive to actual situations.
- QA does not look at quality of services. DCFS needs to give high priority to services.
- There has been no consistency over the years in QA. Some areas know how to cheat and manipulate CHRIS, for example home visits and it is possible to meet COR requirements but not provide good casework.
- Large caseloads are a problem.
- Suggest interview foster child and family when they leave the system.
- Some standards we can't reach, for ex., the disruption staffing. Time studies set people up for failure. Time studies are not accessible after hours
- One area has a CAT Team (Corrective Action Team) in area IX has helped the front line staff in identifying error before COR. We also see if there is a documentation problem. We feel that case reviews of case conferences are very important.
- Strong QA measures on the County level are important and that QA needs to be improved for the whole state.

Central Office Management Staff

- The current QA system is not effective.
- With over 42 million dollars in contracts, DCFS has no one looking at these. We were not aware of the contract reviews done by the Hornby Zeller Associates QA Unit.
- Case specifics (i.e. “lease restrictive environment”) need to be monitored.
- DCFS needs an internal and an external QA process.
- DCFS needs to review only 1 - 2 cases in order to determine if everything is okay before going on
- DCFS should conduct pre- and post-contract reviews and provider reviews like those done in DYS.
- We should determine if referrals are appropriate.

Area Managers

- A tickler is needed to monitor workers caseloads. Current tickers don't help and are often wrong.
- Can't see what all counties are doing.
- Cases that were staffed before closure, still show up as closed without a staffing on the COR.
- Special projects and community partnerships
- Need more on-line (computerized) QA capability

Systemic Factor - Staff and Provider Training: *These questions were asked of our agency staff and foster and adoptive parents. We did ask stakeholders, but this is really aimed at determining the training needs of those who provide direct services. How effective was your initial training and did it include the basic skills and knowledge for your position? How effective is the ongoing training and does it provide additional information that will build your skills and knowledge required for your position?*

Field staff in the areas

- Core needs to include child development and needs to focus on managing large caseloads, On the Job Training is more important to learning than classroom time.
- Form completion cannot be taught in classroom – has to be learned in field. Staff felt they needed to be in office prior to going to training
- Need to have a continuing education on how to bring a child into foster care
- Training's are too "touchy feely", we need it to be more practical. Initial training is too much in too short a time – information overload
- Not enough knowledge of resources is taught – need practical training on maps, resources
- Suggestions for Role-play needs to be with real families, not between workers in training – bring in people from the field to role-play with trainees
- We also need to be taught personal safety – practical considerations
- We don't have enough time to attend continuing Ed – the training sessions need to be focused and brief.
- Need training on how to deal with FINS, delinquents, child as the aggressor, not as the victim, how to represent self in court, cultural diversity, mental health issues, How to place kids and develop packets for placement, training on Hispanic culture and local cultures
- Training was pretty good, there was a tremendous amount of information, lots of information and knowledge that we have to know. We learn something every week
- Conflicting – policy – procedures / CHRIS / DCFS perspective / DHS / COR requirements
- Good training – then experimental – 3 days – 2 days OJT – then not enough time to assimilate
- Smaller counties – experiences different / some confusion / field / not done that way
- Area Manager –Supervisor – FSW – shadow – theory does not work, mentoring. Small counties lack experience need mentors from larger counties and experience of the other locations
- We are trained on policy but not what you have to do. Need better OJT experience court to fit w/training
- It needs to be conducted by people who have done the casework to do the training – less theory – more experience, they must be able to translate theory into real world skills, new worker's need to know what real world is like
- There are excellent training opportunities beyond the CORE training requirements that are offered.

- Will not send another worker to Little Rock for training, as there is no communication between supervisor and trainer or no exit interview. We do not have a training file for our new worker
- Staff felt that they rushed through training. We need more time on the job in between training and assignments. There was no follow-up on OJT assignments.
- Training is inconsistent between sites. Training offered but NO time to go
- ICPC training increased
- Specific training on how to interview sexually abused was good
- Need more training on how do you appear in court, discipline techniques child (training), failure to thrive, interviewing techniques, hard to place children, cultural diversity, individualized case plan development, how to recognize and understand “abnormal” behavior
- How to be more supportive of your staff – now to be effective as a supervisor, and exposure to role of supervisor before getting the job. Supervisor training – not realistic of how to apply to field
- Answers varied from average to very good. Staff are concerned with getting further behind in work. Additional paperwork requirement cumbersome
- CHRIS training is not effective. Need CHRIS trainer to come to office and in field with new workers. Need more ongoing training on CHRIS.
- Staff requested more field time before training. 2 weeks to shadow.
- Lack of skills in writing case plans & on casework with new workers.
- Need training for Health Workers staff. Need to spend an equal time in training on assessments and casework. Staff requested more training on legal aspects, independent living.
- Need basic writing skills training.
- 6 month formalized employment review for new workers (not like panel). To go back to COR for continued training.
- Lack of time for staff to mentor new workers.
- Supervisor quality assurance review of training.
- Staff stated that the training was effective, substance abuse and legal training were good and we request more training on types of drugs
- It is hard to make time to come – but must do it. Staff suggested that the caseload be decreased to 15 so we can have more time to attend (CHRIS may say 15 or 16 but each kid in foster care case count individual so if they have a family w/5 kids there is much more involvement). We need advanced notice of training helps to make time for them – more than 1-month notice.
- There is not enough training, especially for investigators but staff stated that they were not sure there would ever be time to cover everything. Staff felt that OJT is best training and that being an intern helps.
- Some workers are sent out unprepared, you can’t just throw them out there
- I think my training was helpful, and mentoring is helpful. But mentors have to have time to mentor
- There needs to be more focus on How - To in training, more nuts and bolts
- If Chris, yes, it helps, everyone needs refresher on CHRIS. The initial training on CHRIS was not adequate
- Need training specific to job, training on finance screens would be helpful to SSAs, also medical screens would be helpful
- Some compressed Videos are good and some are not
- When you try to go to training you know would help, you get turned down
- Have to go to mandated training whether is applicable to job or not

- ILP coordinators have no initial training but did get support from other coordinators in the State. Also Program Coordinators have no training.
- FSW: good training on basics, it could be more effective if there is some hands on before classroom instruction. It is useless if staff person comes from a social work background—we already know the basic from college courses. Suggest waiving some classroom for those with social work background.
- Trainers tend to do better when they have worked at DCFS
- Supervisor's Training: can be helpful for new supervisors, gives you baseline names, phone numbers, resources, etc. Supervisors need good on-going training as updates occur and not months later
- Good: especially the ASFA training, we need some national training
- Need quicker and more detailed training on CHRIS enhancements, having field assistance is great
- Supervisor Training was sufficient.
- There is no training for Health Services training is on-the-job. Continuing Education is geared toward Social Work there is nothing for Health Services. CHRIS training does not address health care.

Family Support Specialist:

- Training is geared toward Family Service Workers. Core Training was geared toward Support Specialist. We need more continuing educational training.
- Core and CHRIS training is effective.
- Need more training for just FSS maybe a Support Group.

Family Service Workers:

- Core Training was interactive making it easier to learn.
- Core and CHRIS training did not address all foster care needs.
- Continuing Education workshops when offered conflict with schedules of workers.
- Continuing Education – might be helpful if lead worker would attend workshop and then do in house training in county office.

Supervisors:

- Superficial overview of what agency really does. Three (3) weeks of training is too long, feel it is a waste of time. Training should be streamlined. Training and training topics should match.
- Continuing Education by agency representatives is needed rather than other presenters
- Continuing Education should address real life situations
- CPM through APAC should be recommended for supervisors but is hard to get in.

Foster Parents

- Old NOVA training was more effective then current training.
- Current training is effective, but not very realistic - Need more training to better understand what the child goes through when they enter into foster care
- Training was wonderful when agency was doing the NOVA Training. Foster / Adopt – Pride was good training also.
- Mileage for training is not enough.
- Attended the foster pride/adopt pride. Foster parents felt they were prepared overall.
- However they felt that they were not prepared for individual need for each individual child.
- Inconsistency in the training, too broad a range of training and that it doesn't address real issues. Foster parents should help in training new foster parents.

- There needs to be more weekend training's or have a satellite hook up at UAPB or at the Co-op
- Adoptive and foster training should be separate, some of the participants felt the training should be together. The adoptive parents in the group stated that the training was more geared to foster parenting rather than adoption.
- Therapeutic foster training is effective and more realistic.
- Adoptive training needs to include skills for permanency
- Foster parents need to have more training on how to work with adoptive parents.
- Foster parents need training on the legal aspects of their work and they need to be informed of rights.
- They suggested that they would like to be mentored by other foster parents
- Other things should be considered like how a parent raises, takes care of a child.
- USDA Training on feeding nutritious meals. They also felt that the training does not address behavioral problems

Central Office Management

- There is very little training specifically for adoptions
- Request reports that describe who are attending the "on-going" training. Some training may be diluted because the training participants may not all be DCFS staff and may have little in common.
- Can the current trainers actually relate to DCFS staff?
- There is no ICPC or IL training.
- Training needs to be provided more locally and not just limited to the 5 sites

Area Managers

- Some of the training is effective, while some training is not.
- Area managers have no training. A weeklong Area Managers orientation was held in 1996. We're like deer running in headlights.
- There is more opportunity for ongoing training and we get notified in advance. Most are good training opportunities.
- Some administration (monitoring and tracking) training is provided. Request training on how to deal with legislators is needed. There is no ITNA or curriculum specifically for managers
- County Administrators need help.
- One Area Manager suggested attending the APAC training. CPM and Fred Pryor training are good.
- Curriculum is needed for ILP coordinators.

Child and Adolescent Service System Program – CASSP Coordinators

- Yes, 40 hours of training are required. Mental health professionals are licensed and the license stipulate training requirements.

Therapeutic Foster Care Providers Association -

- All are mental health professionals, who are required to attend training each year as required by their license.
- All the foster parents have training requirements and attend those as well.
- There are gaps in training and training materials. We are seeing more sexual offenders, but we're not trained about children with these problems.
- Working to find workshops in areas in which we are not trained. Therapeutic foster parents need to be prepared to work with sexual offenders.

- Treatment Homes provide good training opportunities for foster parents, but participation is often low.
- Training must meet foster parent scheduling needs. The different skill levels of foster parents must be managed. It's a challenge to meet all needs in a combined training setting.
- Experienced foster parents can be training co-facilitators and buddy system mentors. Sixty hours of continuing education is provided annually. It is usually in monthly training.
- Staff needs more information about DCFS practice. There is a gap between DCFS policy and practice.

Child Welfare Review Board

- Training and recruitment Issues / FH Training, how to get the information, schedule it and get it localized

Juvenile Judges

- Getting reports when a child returns to court is an issue for some.
- For Judge Brown - no problem!
- Mental health providers are trained but turnover is a problem
- Getting kids in is not happening

Systemic Factor - Service Array: *All of the focus groups held were asked, are there services to prevent the need for foster care, so children can remain safely with their families? Are there services to help children return home safely and to assist a child to achieve permanency? What other services are needed in your area, but are not currently available? How effective are the services to help children safely and appropriately return to their families or to remain in their homes? How accessible are services provided the families and children you serve?*

Field staff in the areas

- Every area identified day care, cash assistance and transportation (services available close to the family) as services needed.
- Areas I, II, III, IV, VI, VII, VIII, and IX identified needing Intensive Family Services.
- Areas I, II, III and Area VI identified working with FINS was a problem.
- Areas I, III and VIII identified a need to have respite services by birth and foster parents.
- Areas I, II, and VII, identified concerns (not available everywhere, on a waiting list) with or the need for more mental health services.
- Drug treatment services are needed for Area I and III.
- Area VII and VIII need therapeutic foster care.
- Need specialized foster homes to work with teens, more foster homes and adoptive homes for children of color.
- Suggest support groups for staff and supervisors.
- Need more after school programs and foster homes for ILP teens.
- Need for teen services and after school care programs.
- Some services are not appropriated and not focused on the problem that the child is having
- Needs more workers, parent education
- Better matching of foster children with appropriate foster parent.
- Affordable house, in-home counseling, and expansion of domestic violence services and CASA programs.
- Need 24 hours mental health center services
- Facilities that are willing to accept difficult kids – release kids too early – may get a 30 day notice Kansas contracts out placement with no return policy
- We need teen pre teen placement – DCFS doesn't handle well

- Kids from Juvenile delinquency system of FINS
- Kids that act out for attention – CORE issues not dealt with
- Need different levels of placement for difficult kids – (pay & training)

Foster parents

- They need daycare for foster children when the foster parent works or when the child is sick.
- More Medicaid dental and orthodontist providers are needed. We need to get the child's Medicaid card sooner, the system was better when the Medicaid worker was local and not in Little Rock.
- Counseling for both foster parents and birth family. We need good counselors in our area. mental health services are not always timely accessible
- One area stated that mental health service was not helpful to foster parents.
- Foster parents support each other and the support group is helpful. Need more support groups for adoptive parents and adoptive children.
- Need more information about what services are available. Need home based services for special needs foster children.
- Suggest workers become more knowledgeable about services.
- Need information about respite and how to use this service Need respite care services
- Preparing children for adoption is not as good as before – less preparation with foster to adopt placement.
- Churches that help, mental health services, and adoption services lacking.
- More emergency foster homes and specialized services.
- Outlets for kids, things to do e.g. theaters, sports, Boys Club Big Sisters/Brothers programs are needed.
- Transitional home for foster children moving on to independent is needed.
- Help for foster parents and children to help with explosive behavior (e.g., respite)
- More workers are needed in Garland County.
- Need after school programs and tutoring for secondary school students.
- Need for pre-service prevention, or need to know what preventive services are available.
- Counties need to work together (primary & secondary) not always provided needed information from other county's where foster child originated. Seems the two counties don't coordinate.. Need more available in-home, age appropriate parenting for both families and foster parents.
- Transportation for appointments not always available for parents. Respite is not local, need respite help for foster parents.

- Monies are not invested in services prior to foster care. There needs to be more money to assist with childcare and family counseling with the parents' participation as well as children is needed.
- Sometimes there is a conflict between foster parents preparing children for adoption and the adoption specialist telling them they have a choice about whether they want to be adopted. Children have the perception that adoption will be "Beaver Cleaver" happy. Can try to prepare children for adoption, but young ones don't understand. Foster parents must deal with disappointed children.
- Preparing children for independence, Youth Challenge is good.
- Babysitting services so that foster/adoptive parent can attend training are needed.
- An increase in the clothing allowance, and allowing the foster parent to purchase the clothing for the foster child.
- Sometimes foster parents must make the workers make services available to them (for the child). Foster parents need to know what is available.
- Counselors are not always helpful. MidSOUTH Health Systems in Walnut Ridge and Families Inc. are helpful and schools, especially Sloan and Hendrix are helpful.
- Churches are supportive.
- Families Inc. helps to intervene when needed.
- Need a mentoring program for families and families need more outreach programs.
- Need more therapeutic foster homes
- Transitional services for child and families when children leave a mental health facilities and are coming home and respite services for foster parents

Stakeholders

- DCFS should annually provide information on what contracts are available and what services are offered through those contracts.
- Mental health services are not always timely accessible.
- Need more available in-home, age appropriate parenting for both families and foster parents.
- Transportation for appointments not always available for parents, transportation services are needed for recreational program and Dr. appointments etc
- Respite is not available locally and we need it to help for foster parents.
- Yes, we have Together We Can, adult education, IFS, In-Home Counseling, TEA, CASSP, respite, battered women shelters, mental health services and a school liaison in our area.
- CASA is concerned about what is done for children turning 18 years old. There is a need for independent living service skill building such as learning to drive for foster youth.
- Parenting classes for teenage parents, mother and father. more appropriate age level parent training
- Wrap around services such as home base and school base is needed.
- Mentoring programs are needed for children.
- Suggest long term follow up on children who leave the system to determine how they are doing.
- Need help with FINS and protective service cases.
- Families need basic living skills; need to be motivated to accept services, and need counseling that works with the family as a unit.
- There needs to be time frames to make families follow through and consequences when they don't follow through.
- Staff needs to ensure each agency is doing all they can and know what each agency can and cannot do in serving children and families.
- Need more proactive services and local activities for kids.

- Good childcare is available but there is a problem with getting the vouchers to pay for the service.
- Outlying counties need therapists or child psychiatrist for medication prescriptions
- Emergency assistance food is needed.
- More foster homes are needed.
- More caseworkers are needed for DCFS.
- Money for services, realistic funding projections of services:
 1. Interpreter services
 2. Adult Education – Multi-cultural
 3. African American Foster Homes

Child Welfare Agency Review Board

- Some do and some do not have services. Some staff members are too controlling.
- Why don't we see the effects of training if they are out of the office and are they getting the right
- Training?
- It depends on the individual personalities. DCFS needs to retain workers.
- Providers of residential services have a large turnover. There is not enough time to train.
- Workers need to network more with providers so they are more familiar with each other.
- There are not enough Intensive Family Service resources.
- Clients must drive long distances (1 hour) to get services. DCFS must provide services more locally. It is difficult to get copies of the plan.
- Private agencies are more stable. Foster Parents are volunteers. We need more care initially when placing kids.
- We must place appropriate children in facilities sooner.

Child and Adolescent Service System Program – CASSP Coordinators

- DCFS services vary from county to county.
- Basic living/ housing is needed. White County needs post-prison services, not just emergency help.
- Respite care for families with children who have severe problems is needed.
- There are unrealistic expectations of parents to achieve reunification. Parents may not achieve enough to safely return children, but they may be returned anyway and it puts stress on parents.
- We need funding for collateral services and childcare so parents can get services.
- Too little recruitment is done for adoptive homes. More special needs adoption homes are needed. A failed adoption is very traumatic the child. More communication is needed between foster care and adoption staff members.
- DCFS needs to listen to mental health recommendations.
- Training to match a prospective adoptive home for special needs of children with mental health illness is needed.
- Foster parents play a crucial role in reunification and their hostility toward a child's family can sabotage reunification.
- The process is too long to move children to a permanent home as it can take 9 months to complete a home study.
- Communication with ICPC is restricted. DCFS workers must email ICPC to communicate with other states. Foster care often is the permanent home. We need wrap around services (DCFS, the Division of Mental Health (MH), and Division of County Operations (DCO)).
- A good initial match between the child and foster home results in greater placement stability.

- DCFS does little or no discharge planning for kids in shelters. Kids don't know where they are going when they leave the shelter. More frequent caseworker visits to the shelter are needed.
- Foster parents expectations are too high, which may increase the potential for disruption.
- DCFS caseloads must be lowered. Supportive services are not provided because of foster care is given priority. High staff turnover disrupts continuity of services when a caseload is uncovered.
- Court dates are frequently forgotten.
- DCFS does not adequately support kinship care cases with services. More foster care services are needed after 4:30 PM and on weekends. Foster parents, especially kinship foster parents, may lose their jobs if their work schedule is disrupted. Family Service Worker salaries should be increased.
- Support is more important than stress.
- Schools are not always aware when kids are in foster care
- Parents need to have resources to place children in so that they can have respite or long term care.
- ASFA has helped achieve this goal. Great job in light of resources available.
- Training for providers, FP and shelter staff is needed regarding managing disruptive behavior which should be provided by DCFS funding
- Providers need to accept responsibility for difficult kids, could serve them, if did not fear liability and blame. Train all stakeholders in team approach "we're in this together"

Therapeutic Foster Care Provider's Association

- Parents and other relatives should participate in counseling to learn to deal with the child. The DCFS case plan should address strategies of therapy continuity for the child.
- DCFS recommendations in court are often not consistent with the case plan agreement. TFC providers described situations in which it appeared the parents had progressed, but there were other things that were not spelled out in the case plan.
- Permanency planning often does not incorporate a changed goal until after the court determination.
- DCFS does not offer sufficient services during the 30-day trial home visit. Occasional, unannounced home visits are not enough during this trial period.
- Post-placement planning is needed. DCFS workers should continue counseling parents and maintain case management contacts.
- Goals are inconsistent within sibling groups. For example younger siblings had goals changed to adoption, but for the older sibling the goal remained reunification. Older children should have the same opportunity for adoption.
- DCFS must ensure that TFC services are maintained for a reasonable period after a child returns home or is adopted.
- When children are returned, parents should continue with mental health services, which vary within different areas of the state.
- Families should have the option to continue with the same therapist.
- Post-placement, wraparound, and non-standard services that are tailored to the needs of each specific family should be provided.
- More children are being adopted (50% DCFS effort, 50% foster parent effort) and even some children are finding their own adoptive homes. Fifty children were in Therapeutic Foster Care (TFC) over 2 years. Children rapidly age out of being adopted.
- Previously, there was a "Black Family Adoption Unit" in DCFS that was highly successful. DCFS needs more adoptive homes for black males.
- DCFS is not finding enough adoptive homes.

- Concurrent planning has not been effective yet. The child may not be ready to move from the foster home. Adoptive parents and relatives may not be ready when the child is ready to move on.
- Follow-up for 6 months or more is needed to reduce potential for disruption of the permanent placement. Parents must be part of the treatment. TFC staff needs to be active in assessing homes for reunification and/or adoption.
- Does DCFS leave kids in care too long to achieve a stable placement? Do you think that DCFS moves kids from placement to placement too frequently? What are some of the reasons for this? Placements are stable in TFC.
- There are several reasons for multiple placements. These include too many children in the foster home. Foster parents cannot manage the child's disruptive behaviors and need support and training as children present increasingly difficult problems. However, DCFS overlooks such problems when there is an immediate "need for a bed."
- DCFS need more TFC beds. The Angela R. Agreement was to expand TFC throughout the state.
- Some additional DCFS Areas now have TFC, but more expansion is needed. The Behavioral
- Treatment Unit manager needs some help.

Office of Chief Counsel - Attorneys

- A better understanding of what services are needed to rehabilitate parents is needed.
- Time frames for the availability of services are needed.
- There is a lack of counseling services for foster parents.
- There are significant problems with the Mental Health Centers and their services, as well as psychiatric services.
- Transition periods and compliance from mental health providers are needed.
- Better discharge planning is needed.
- There are problems with Medicaid.
- If Arkansas does not have services available, out-of-state placements should be sought. If all appropriate facilities in Arkansas are full, out-state-facilities should be checked.

Juvenile Judges

- The types of foster homes needed are foster parents who are willing to take children for the long haul, resource and recruitment is an issue.
- Need more mental health services, respite care, therapeutic homes; long term parenting classes-more right kind of classes for the different types of parents.
- Parenting classes for all potential parents is needed.
- Long term sub abuse treatment is needed
- Educational neglect-more emphasis on!, big Issue, Independent Living Program needs improvement
- Need better knowledge of what services are needed to rehabilitate parents
- Need time frames for availability of services
- There is a lack of adequate counseling services for foster parents
- There are problems with mental health centers and their services and psychiatric services
- Transition periods and compliance from mental health providers are needed.
- Better discharge planning is needed.
- There are significant problems with Medicaid.
- If Arkansas does not have services available, out-of-state placements should be sought. If all appropriate facilities in Arkansas are full, out-state-facilities should be checked.

Pulaski County Strategic Planning Committee

- Cash assistance is needed to help when the plan is for a family to be maintained in subsequent months.
- More Intensive Family Services are needed. What is the program description? Masters level therapists are needed to work in the home. More day care is essential.
- DCFS/TEA coordination is needed to help to identify parents who earn only minimum wage and may need some long term, financial assistance.
- Reliable transportation, as well as more available services is needed around the clock and every day.
- Expanded respite care is needed for in home and foster home caretakers.
- Added housing referrals are increasingly needed.
- Reunification families must have DCFS priority, for resources beyond public housing. If a person has a criminal record, the family cannot be assisted.
- Knowledge of available community resources is very important because cash assistance is limited.

Central Office Management

- Need more knowledge about available therapeutic foster homes. Need more therapeutic foster homes.
- Permanency may be taking too long, but it is important to be cautious.
- DCFS may not be able to find a placement that meets the child's needs.
- Arkansas needs more foster homes that are strongly committed.
- More support for foster parents is needed, especially daytime childcare alternatives.
- The limited number of foster care placements forces DCFS to tolerate uncommitted foster parents.
- Teenagers needs are not being met by currently available placements.
- Additional independent living services are needed.
- Residential facilities and other drug treatment services are not available. Services to reunify families are lacking. Court ordered services are frequently not available.
- Resources to provide services to handle severe behavior problems are lacking.
- Mental health resources for the initial screening for all children who enter care are insufficient.
- Coordination between foster care and children freeing for adoption must improve.
- Do you feel we move kids from placement to placement too much? What are some of the reasons for this? Most foster children have multiple placements because inadequate foster home resources prevent good initial matching of the child and home.
- DCFS lacks enough support resources to maintain and stabilize foster care placements.
- When children run away, TFP will not accept them back.

Area Managers

- Yes, there are services to prevent the need for foster care, so children can safely remain with their families.
- Yes there are services to help children return safely to their home and to achieve permanency.
- Services not available include access to money, sex offender assessment and counseling, conduct disorder and delinquency treatment.
- How effective are the services to help children with:
 1. safely and appropriately returning to their families
 2. remaining in their homes
 3. behavior, delinquency and mental health problems, and ,
 4. substance abuse aftercare.

- Look at effective training school system and how to access or refer children to this school.
- Mental health facilities [one idea is to pay parents what DCFS pays the TFC and FP (disputed)]
- DCFS needs to establish levels of foster care and that higher levels will require greater skills from the foster parent.

Systemic Factor - Community Awareness:

We asked our consumers, foster youth, foster and adoptive parents, and stakeholders, do you think DCFS (the agency) has done a good job in preparing our staff to do their jobs in helping you and your agency?

Consumer Parent

- One caseworker wanted to help but the system prevented it.
- Other parents felt angry and workers had violated their feelings.
- Supervisors are prepared but the caseworkers are not. Caseworkers lack initiative and they don't respond quickly. .
- It depends on the attitudes, priorities of caseworkers.

Foster Youth

- Indicated that some staff is prepared and some don't know what they are doing (new worker – paper work not done. More family service workers are needed.
- One youth stated had 5 caseworkers in one year.
- Difficult to get in touch with the caseworker (secretary knows more than caseworker).
- Youth felt that the services they receive are not preparing them for the future or when we are ready to get out. Allowance for clothing and hygiene not available.
- Did not receive supplies
- 1 caseworker for a foster home instead of each child having a different case worker. Youth want to see their primary worker instead of secondary.
- Need someone to listen.
- ILP needs more training for older teens.

Foster parents

- Staff is prepared, but new workers in system are hard to work with because they know so little.
- Foster Parents who have been doing this for years can help workers learn how to do their job.
- New staff need help with organizational skills, learning how to return phone calls, do more than 1 thing at a time.
- Workers need to be more aware of resources before given a caseload.

Stakeholders

- Staff need training in early childhood development, resources in the community and networking.
- More training is needed on how to serve clients with disabilities.
- There needs to be more communication on joint court and DCFS involvement in cases. Court worker needs confirmation that services are delivered.
- There has been some improvement, workers do not always have a good understanding of what to do. They don't understand/grasp of their responsibilities. Does not know how the court system works
- No one likes to call the Hotline and stakeholders stated they need a local person to contact.

- There is not enough time to focus on the caseload due to the different type of cases and the individual needs of the children and families. In some areas staff is specialized but may not be able to do other jobs.
- Staff needs refresher training.
- DCFS does a good job but the other divisions, agencies and providers don't always coordinate well "we do, they don't".

Child and Adolescent Service System Program – CASSP Coordinators

- CORE training for DCFS staff is good, but ongoing training is inadequate.
- Miscommunication between agencies could be reduced with joint training.
- Arkansas County has a monthly task force meeting to discuss joint cases.
- Together We Can and Judge's quarterly meetings provide some joint contacts. DCFS needs training regarding Mental health issues, children, diagnosis, medication, and accessing DDS services.
- There are gaps in DCFS training and training materials. For example, DCFS workers are seeing more child sexual offenders, but receive little or no training on the subject..
- DCFS is searching for workshops on topics in which agency workers need additional training.
- Therapeutic foster parents need to be prepared to work with sexual offenders.
- Treatment Homes provide foster parents with good training opportunities. Participation by foster parent less than 100%.
- Training schedules must consider foster parents needs and their varying skill levels. It's a challenge to meet all the trainees' needs in a combined training setting.
- More experienced foster parents can serve as co-facilitators and mentors within the buddy system.
- DCFS provides 60 hours of continuing education, usually in monthly training sessions.
- More information about DCFS practice is needed. There is a gap between DCFS policy and its practices.

Office of Chief Counsel – Attorneys

- No, attorneys did not feel staff was prepared to do their jobs.
- Need OJT – experience, need time to shadow
- Good workers get worked to death, and musical caseloads don't help
- Problems with CORE Training as the legal portion of the training gets only 2 hours in one area and staff need more training.

Therapeutic Foster Care Providers Association -

- Need more information about mental health issues (a valid mental health referral and medications).
- Therapeutic foster parents need to understand how to best work with service providers, who should not be allowed to give orders to therapeutic foster care providers.
- All members of the "team" must be more conscientious about communication with foster parent,
- Need information regarding mental health needs of the child and what is being done. This is common sense and a courtesy to the provider.
- A staffing should occur when the case plan changes. Unilateral acts by anyone should be avoided
- (At times, DCFS workers check children out of school without the foster parent's knowledge).
- Services need to be coordinated.

- Transportation and SSA workers need the same qualifications as FSWs because of the time they spend with the child, supervising visits and need appropriate training.
- DCFS needs to better understand the expectations of therapeutic foster care services.

Pulaski County Strategic Planning Group

- The qualities of the individual being selected as a foster parent are more important than any training.
- Competence and dedication cannot be acquired through training.
- DCFS staff often seems uncomfortable during the initial assessment of children at a hospital. Therefore, not all the essential questions that need to be asked actually get asked.
- More experienced DCFS workers appear more comfortable at their duties.
- More DCFS staff training is needed on the behavior and developmental stages of children, as well as hard areas such as how to work with hostile clients and abusers.
- Role-play difficult situations.
- Social workers and foster parents need a code of ethics.

Juvenile Judges

- No, DCFS has made a well intentioned, but ineffective effort to train its staff. Not all of the agency's caseworkers were meant to do such work. Caseworkers are not given enough resources. Supervisors are better trained. Workers need OJT and more experience. Need time to "shadow" more experienced workers.
- Good caseworkers get worked to "death".
- "Musical" caseloads (cases being shifted from worker to worker) don't help.
- COR training does not spend enough time on legal issues (as little as 2 hours in one area).
- Another issue is Post-Ad Services!
- Arkansas needs lots more placements and placement stability. Resource is an issue.
- Inpatient care is needed. Long-term placement is restrictive.
- There is a lack of follow through on aftercare. Quicker follow-up is needed and appointments should be scheduled before the child leaves the facility
- DCFS staff members are overworked under paid and need training.
- Time management must be a problem because agency staff frequently misses court dates.
- Judges don't get UAMS Comprehensive Medical Exams
- Judges must go through HR to get ASAP evaluations. Clear guidelines on how to get one are needed.
- The Pulaski County Placement Unit is a waste of resources and time.
- Non-court ordered cases are a problem.

Systemic Factor - Community Awareness:— *This question was asked of our staff, foster youth, consumers and stakeholders, How effective do you think the Division is in coordinating our services with the services of other Divisions, agencies and providers?*

Field staff in the areas

- Limitations of paying bills, because our finance is slow in getting the payments out, so providers get mad at DCFS.
- Clients are not always eligible for Medicaid, so DCFS gets the child in foster care and need funds to pay for medical services
- DHS has some turf issues –other divisions are not willing to help DCFS if the child is in foster care but may need services from DDS, Mental Health, DYS)
- DYS does not follow up services after child is released from Alexander
- Other divisions see DCFS as responsible for children and are not always responsive to DCFS referrals.

- The court will order DCFS to serve families to get DCO services expedited, and when it doesn't occur, DCFS is held responsible.
- Staff have good working relationships with DCO, but not so great with Children's Medical Services and DDS because they expect to be able to tell DCFS what to do in cases, when children should be placed in foster care and where to place them using DCFS funding
- Psycho Associations in Pine Bluff is NOT good.
- There is a lack of knowledge about how to access services and a lack of cooperation from other agencies to provide services.
- Relationship with the court is a problem. Judges place unrealistic conditions in the court orders. Meetings with the judges need to be more positive. Suggest training in a "neutral" place be provided and build a relationship between judges and their staff and DCFS.
- Staffs feel they are totally disrespected and need to be respected in the community.
- Better system for FINS referrals, Juvenile court staff needs to accept more responsibility for probation, truancy and FINS cases
- Better attendance from all parties including the parent, foster parent, service provider at staffings is needed
- Suggest scanning the information from psychological evaluations and place the results in CHRIS.
- Therapists aren't realistic enough with some kids and they try to pacify the kids. Request more therapists of color.
- No agreement with long-term therapy – want to see changes from the therapy. Often don't feel supported by therapists. Should have 2nd opinion on evaluations – need 2 psychological evaluations, as there is more variety in providers of psychological evaluations.
- The court orders generic services and these services need to be more individualized.
- Income guidelines are too strict.
- Inter county services not done well – if located far away. Local coordination is a lot better
- DHS custody means all divisions.
- More information sharing on how agencies can assist each other – contact people from different areas.
- Probation officers and DCFS do not work well together and there is a need for better cooperation.
- FPD and DCFS coordination is NOT working, the investigations are not timely, the quality of the investigation results is poor and FPD doesn't provide info timely or appropriately
- Child Abuse Hotline calls it a report a priority 2 when it is a priority 1, and they should take valid reports.
- Staff would like to see more local staff positions instead of the many contracted services such as the foster parent recruiter trainer.

Consumer Parents

- No – always had same caseworker.
- Not seeing it happen. Mom feels that she is not getting results from court ordered services.
- Feels agency is not hearing her request but she adheres to agency requests.

Foster Youth

- Some staff do with the judge, placements, Attorney, other agencies, doesn't know as youth was not aware of case plan.
- Youth does not see caseworker very much, as the worker comes by for 5 minutes.
- Youth was placed in a treatment hospital instead of home in DCFS custody, left there for 1 year, attempted suicide.
- More assertive children get more or better services. Need to listen to kids.

- Staff needs to keep an eye on foster families because some of them are somewhat neglectful and only serve as babysitters.
- Foster mom gripes about getting things for the children. More/higher qualified foster parents.
- Work better with Counseling Associates in providing services, looks at whole picture.
- Act professional and get more people.

Foster Parents

- It depends on the caseworkers.
- Transportation is difficult, there is a problem coordinating with Medicaid (e.g., cards expire) roles about foster children are not clear; and there is a need to clarify limitations on the foster child.
- Suggestion: All should be aware of all services.
- Need to provide information to adoptive and foster parents services that are available. Foster parents don't know all that is available (e.g., Christmas fund, Christmas party [some did not get invited], trust funds). Suggest this kind of information be included in training.
- Roles are not clear about runaway teen between DCFS, foster parents and police. Police call foster parents and say, "What do you want us to do with them?"
- If the foster parent has problems with a child in the home, they want DCFS to take the child out as quickly as the foster parent was willing to take them.
- Visitation may be cut short because no one gets the children on time.

Stakeholders

- Could do better if staff had more time. One stakeholder stated that staff do talk occasionally; both are located in the same building but very territorial
- Juvenile Court/DCFS/Ouachita Children's Center meet for breakfast and staff or discuss cases Note – one of the UALR Partnerships spoke with Kay and I after this meeting and said that the DCFS staff did not like these meetings.
- There is a lack of coordination with DYS. What happens when the kid leaves a serious offender program what are the reintegration services and arrangements? How does this work?
- CASA - yes, think effective
- Division of County Operations (DCO) - Needs improvement w/in DHS umbrella
- SAYS - Some counties lack in communication
- Better communication between DHS and Child support services
- Lack of communication / cooperation with school districts
- Difficult coordinating basic needs i.e. clothing, medical – workers may feel providers need to do this.
- Some improvement DCFS reaching out to mental health
- Little coordination re other counties except if sign in for inpatient services
- Lack of clarity in assessments between DCFS and ASP
- In some counties severe lack of providers ; hearing, dental , mental health
- Cases with DCFS & DDS involvement often lack communication between these 2 divisions.
- Funding between divisions is often an issue. Need DDS Medicaid waiver
- Custody cases w/trust funds
- Trouble getting current information on Medicaid eligibility, child may lose Medicaid eligibility because of amount in trust fund; not 4 months later.
- Training/communication about appropriate spending of trust funds
- Large caseloads affect DCFS ability to communicate/coordinate w/other agencies
- Problems w/DCO workers being rude and hindering services

- Clerical refer to school personnel as “them” and are rude and disrespectful
- Some workers are wonderful, some are not, and workers need to let clients know about financial services.

Child Welfare Agency Review Board

- It is better in some counties with good supervisors. (e.g. Independence County).

Therapeutic Foster Care Providers Association -

- It is difficult to coordinate with the Division of Developmental Disability Services. DDS won’t deal with sexual offenders, sexualized behavior or a dual mental health and developmental disabilities diagnosis.
- A transition period of Medicaid eligibility should be available when a child goes home or is adopted.
- Problems within DCFS exist between adoptions and foster care provider. Problems also exist between adoption specialists working on same adoption.

Central Office Management Staff

- DCFS coordination is not good especially with education. The caseworkers and the foster parents are not discussing the child’s educational needs with the school. DCFS must be cautious to not share too much non-educational information with the school.
- DCFS must collaborate better with MH and DDS for services.
- When DYS discharges a young person, they often do not engage the parents and youth get placed in a foster home.
- Need to assess families on the front end; DCFS under-utilizes some of its contract services that then penalizes the family.

Juvenile Judges

- There is little or no coordination of services. There are few or no DDS, DYS or DCFS services available. Adoptions are not done timely. Adoption workers need to attend court hearings.
- Often there is no report. Reports received often do not have enough details.

Area Managers

- DCFS coordination is good, but not with DYS. DYS foster homes – not delinquency
- Destroyed the foster care systems
- There is no placement or facility that always accepts children.
- Problem with a child being able to pick their placement

Office of Chief Counsel - Attorneys

- Need better knowledge of what is needed in the form of services to rehabilitate parents
- Need time frames for availability of services
- Lack of counseling services for foster parents. There are problems with Mental Health Centers and psychiatric services. Need transition period/compliance from mental health providers
- Need discharge planning
- There are problems with Medicaid
- If Arkansas does not have services available – out of state placements? If all facilities full?

Systemic Factor – Foster and Adoptive Home Recruitment and Licensing

Area staff, foster and adoptive parents were asked, what kinds of recruitment activities have been offered in your area? Are you involved in recruitment activities and do you have any suggestions for how to improve these?

Field staff in the areas

- Control of funds should be available so that they can do local recruitment of providers but DCFS payment is too slow and we can't convince providers to work for DCFS.
- We need to recruit more therapeutic foster families.
- Request that we change to local provider for recruitment
- We need time for more recruitment for adoptive families
- Which children need to be in Therapeutic Foster Care?
- Coordination of services for Therapeutic Foster Care
- Contracts of the recruiter/trainer need to be standardized
- Need evaluation of children for continuing in Therapeutic Foster Care
- Counties do not see recruitment activity occurring or there are no recruitment activities in some of the areas, Saline Co. has had recruitment activities.
- We need a report from Recruiter contractor to know what recruitment activities have occurred.
- The process needs to be streamlined, as it is too slow – people drop out.
- Use some contract money to provide more DCFS staff to do this or positions to train own staff to provide services
- IFS, recruiter, foster parent training etc. use DCFS more staff to training and recruit – more accountability
- Contractors do not know counties, they are not located in the counties to know what the community is.
- There is a need more staff to recruit Adoptive Homes
- DCFS pay is at poverty level – lots of responsibility but little pay, PAY IS AN ISSUE. The hours worked – more than for other who are paid more
- None – the recruiters are not recruiting anywhere except radio ads and cable access – the PSA are emphasizing monthly payment, not the children, so we are getting people who want to foster as a job.
- No homes have been opened in Washington County through the recruiter – county office staff are doing the recruitment.
- Some ideas are brochures for church bulletins, present talks to church groups and community groups.
- Recruitment is better done by County staff because they know what is needed and kids behaviors
- We lose families to therapeutic foster care because they pay more. Recruit more therapeutic foster families
- Time for more recruitment for adoptive families
- Coordination of services for therapeutic foster care is needed.
- Contracts need to be standardized.
- Evaluation of children for continuing in therapeutic foster care is needed
- No recruitment activities in one county, but another county have had recruitment activities.
- Churches and church members need to be recruited as foster parents.
- One Area started a adoption support group, newspaper ads, flyers, radio & TV spots recruitment meetings for adoption and foster care
- Several areas promote adoption awareness month
- Outreach to schools and churches to try to get prospective homes or families interested.

- Need additional adoption staff to assist in recruiting adoptive homes.
- Interns do recruitment; recruiter trainers are not doing anything in the county. Recruitment needs to go back to the counties. An Oklahoma provider does the recruitment and does not do a good job
- Staffs feel that the wrong kinds of families are accepted as foster homes.
- Lack of flexibility hurts us in approving more prospective foster homes.
- MidSOUTH training is not doing good job of turning around trained foster parents and information gets lost.

Foster parents

- The foster parents in one group indicated they did not know who the Recruiter is. Foster parents use word of mouth to recruit friends and family members.
- Foster parents stated that they had not seen anything in the paper or on T.V, nor at any church meetings
- Adoptive workers go to churches
- Retention is problem of foster homes
- There is a recruiter in the area and posters are around town
- Several foster parents said they had been involved in an informal way by talking to friends and their church members.
- Some foster parents worked at booth during Child Abuse Awareness month and a Christmas project at Wal-Mart to provide information on foster care.
- Suggestion by foster parents for local TV coverage to recruit prospective foster parents.
- Foster parents suggest a more formal organized drive among foster parent to assist with recruitment
- Foster parent shared that she prepared an article for the local newspaper about foster parenting.
- Foster parents were invited to a training group of new foster parents to share their roles and responsibilities.
- Trained interns at local college gave input.
- Foster parent shared that it is rewarding but the rewards are the children and the fruit of the labor due to being in the system 8 years in foster parenting

Final Thoughts

The focus groups were used to obtain information about the effectiveness of programs in those areas where the Division does not have any hard data. These groups verify many of our assumptions and point out areas that we want to look at again. We plan to conduct focus group sessions again as we assess our agency's programs and service delivery system.

At the conclusion of the focus group effort, a meeting was conducted with the Area Managers and other staff during the March Professional Development Team meeting. These were some of the ideas and suggestions on how to improve the focus group process.

- There needs to be six months of planning prior to conducting these session to allow enough time to coordinate, find locations, involve County Administrators
- Mail invitations early and include RSVP or a card. Simplify the invitation. Define "consumer" and "stakeholder"
- Use email to communicate with different organizations e.g. foster parents, providers, also make personal telephone calls to request attendance.

- If the arrangements are being done locally, get info into the central office early - 2 months
 - dates/times
 - locations
 - directions to the facility
- Identify other groups that meet frequently to coincide with existing meetings and request to be a part of the agenda to conduct a focus session with e.g. Foster Parent Support groups located around the state.
- Clean up addresses in CHRIS.
- Feed them – with a meal if the session is scheduled mid to late afternoon as this might be an incentive to attend and either get the family service worker to transport or pay for transportation
- Find or create a location in the public facility where kids can play with toys while parents are attending the session
- Enlist volunteers to watch children and involve staff or students of social work programs to volunteer and conduct the session
- Post signs and suggests volunteers direct people to the meeting if the meeting is held in a facility unfamiliar to a family.

Agency	Type of Participant	Date	Location Of Session	Number of Participants
Area I – DCFS	Staff	03/07/2001	The Springdale Jones Center	18
	Provider/Stakeholders			7
	Foster/Adoptive Parents			10
	Consumers			2
	Foster Youth			5
Area II – DCFS	Staff	03/19/2001	Pleasant Valley Church of Christ - Van Buren	11
	Provider/Stakeholders			5
	Foster/Adoptive Parents			5
	Consumers			3
	Foster Youth			6
Area III - DCFS	Staff	03/01/2001	Henderson State University in Arkadelphia	18
	Provider/Stakeholders			5
	Foster/Adoptive Parents			5
	Consumers			2
	Foster Youth			2
Area III - DCFS	Foster/Adoptive Parents	03/20/3001	Chamber of Commerce, Hot Springs	1
	Consumers			1 (parents of mtr)
	Foster Youth			6
Area IV - DCFS	Staff	03/06/2001	Southern Arkansas University, Magnolia	41
	Provider/Stakeholders			26
	Foster/Adoptive Parents			16
	Consumers			0
	Foster Youth			15
Area IV - Foster Parent Support Group	Foster Parents	03/12/2001	Hope High School	12
Area V - DCFS	Staff	03/06/2001	Arkansas Tech – Russellville	36
	Provider/Stakeholders			14
	Foster/Adoptive Parents			2
	Consumers			1
	Foster Youth			13

Agency	Type of Participant	Date	Location	Number of Participants
Area VI - DCFS	Staff	03/15/2001	MidSOUTH Training Academy, Little Rock	28
	Provider/Stakeholders			6
	Foster/Adoptive Parents			11
	Consumers			0
	Foster Youth			7
Area VII - DCFS	Staff	03/20/2001	University of Arkansas at Monticello	18
	Provider/Stakeholders			6
	Foster/Adoptive Parents			11
	Consumers			0
	Foster Youth			7
Area VIII - DCFS	Staff	03/12/2001	1st Presbyterian Church - Jonesboro	29
	Provider/Stakeholders			17
	Foster/Adoptive Parents			10
	Consumers			
	Foster Youth			5
Area IX - DCFS	Staff	03/12/2001	Titus Academic Center - Philander Smith College in Little Rock	18
	Provider/Stakeholders			3
	Foster/Adoptive Parents			
	Consumers			0
	Foster Youth			3
Area IX - DCFS	Provider/Stakeholders	03/15/2001	Harding University - Searcy	10
	Foster/Adoptive Parents			5
	Consumers			0
	Foster Youth			4
Area X - DCFS	Staff	03/08/2001	Monticello Training Academy	18
	Provider/Stakeholders			13
	Foster/Adoptive Parents			17
	Consumers			0
	Foster Youth			23

Agency	Type of Participant	Date	Location Of Session	Number of Participants
Central Office - DCFS	Program Staff	03/19/2001	Little Rock	9
Child and Adolescent Service System Program - Coordinators	Provider/Stakeholders	03/02/2001	Little Rock	6
Child Welfare Agency Review Board	Provider/Stakeholders	02/27/2001	Mainstreet Mall	7
Juvenile Judges	Judges	03/23/2001	Little Rock	6
Management Staff	Area Managers	03/21/2001	Little Rock	12
Pulaski County Strategic Planning Group	Provider/Stakeholders	03/14/2001	Little Rock Public Library	12
Therapeutic Foster Care Providers	Provider/Stakeholders	03/02/2001	Little Rock - THINC	7
OCC Attorneys	Program Staff	04/18/2001	Little Rock - Holiday Inn	30
TOTAL				646